



**Intake**

**Informant/Relationship**

**Vitals**

Weight	<input type="text"/>	lbs	<input type="text"/>	oz					<input type="button" value="+"/>	
Height	<input type="text"/>	in							<input type="button" value="+"/>	
Blood Pressure	<input type="text"/>	/	<input type="text"/>	systolic/diastolic	Location	<input type="button" value="Unspecified"/>		Position	<input type="button" value="Unspecified"/>	<input type="button" value="+"/>
Pulse	<input type="text"/>	beats per minute								<input type="button" value="+"/>
Temperature	<input type="text"/>	°F			Method	<input type="button" value="Unspecified"/>				<input type="button" value="+"/>
BMI		kg/m <sup>2</sup>								

More

**Social/Family History**

- See Initial History Questionnaire (Indicate "No Interval Changes" or note changes.)
  
- Is there someone you can turn to and rely on for support when you are feeling stressed?
  
- Family Situation
  
- Parents working outside of home: Mother / Father
  
- Child Care (Yes / No and Type)



- Preschool (Yes / No)
- Changes since last visit (note below)
- add item

**Medical History (Medical Summary)**    No Saved Notes    [Edit](#)

**Family History (Medical Summary)**    No Saved Notes    [Edit](#)

**Social History (Medical Summary)**    No Saved Notes    [Edit](#)

**Review of Systems**

- [Select All](#)
- See Initial History Questionnaire and Problem List
  - Elimination
  - Toilet Training (Yes or Inprocess)
  - Sleep



- Behavior/Temperament
- Physical Activity (Play time 60 min/d Yes or No, Screen time <2h/d)
- Toxic Exposure: Passive Smoking (Y / N)
- Parent-child Communication
- Parent-child Choices
- Parent-child Cooperation
- Parent-child Appropriate responses to behavior
- add item

**Safety**

Make All:

Yes No May

- Knows parents names, address, phone number
- Booster seat



- Stranger safety
- Sunblock
- add item

**Nutrition**

Select All

- Calcium Source/Servings
- Milk (oz per day and type)
- Juice
- Fruits
- Vegetables
- Protein Sources
- add item



**Development (If not reviewed in Previsit Questionnaire)**

Make All:

Yes No N/A

- Social-Emotional (Interactions with peers, Fantasy play)
- Communicative (Usually understandable, Knows name/age/gender)
- Language (Appropriately responsive answers to questions)
- Cognitive (Names 4 colors, Draws person (3 body parts), Plays board/card games)
- Physical Development (Hops on 1 foot, Balances on 1 foot for 2 seconds, Bulids tower (8 blocks), Copies a cross, Brushes own teeth, Dresses self)
- 

**EPSDT**

Make All:

Y N n/a

- Risk for TB exposure
- Risk for Lead Exposure



add item

**Screening**

- OAE
- Visual Function Screen
- PSC Developmental Screen

**History**

- 
- Previsit Questionnaire reviewed
- Child has a dental home
- Child has special health care needs
- Concerns and questions (notes below)
- Follow-up on previous concerns (notes below)
- Interval History (Changes? notes below)
- Medication Record (reviewed and updated)



OTC meds/herbal meds/CAM used (notes below)

notes

add item

notes

**Transition of Care (ARRA)**

Patient transitioned to my care from another clinical setting

Medication Reconciliation performed

**Physical Exam**

Make All:

A N N/E

General Appearance

notes

Head

notes

Eyes (red reflex, strabismus)

notes

Ears

notes

Nose

notes

Oropharynx

notes



Teeth

Neck

A N N/E

Chest

Lungs

Cardiovascular

Femoral Pulses

Abdomen

Genitalia - Male/Testes down

Genitalia - Female

Musculoskeletal

A N N/E

Skin





Neurologic

notes

add item

notes

**Assessment**

**Diagnoses**

Brain lacer NEC w/o coma (851.81)

notes

Add to Problem List      Onset:       Problem Note:

Inj infer mesenteric art (902.27)

notes

Add to Problem List      Onset:       Problem Note:

Inj superior mesent vein (902.31)

notes

Add to Problem List      Onset:       Problem Note:

add diagnosis

notes

**Lab**

**Medical Test**

**Medical Procedure**

**Immunizations**

Immunization History



	There are no immunizations recorded for this patient
Ordered	

Immunization Orders

<input type="button" value="Order"/>	<input type="button" value="Refuse"/>	Varicella
<input type="button" value="Order"/>	<input type="button" value="Refuse"/>	Typhoid
<input type="button" value="Order"/>	<input type="button" value="Refuse"/>	<input type="text" value="select an immunization"/>

Anticipatory Guidance Discussed

Make All:

Y N N/A

- Age appropriate handout given
- Nutrition (Balanced diet)
- Healthy Personal Habits (Calm bedtime routine, Brush teeth twice daily, Daily physical activity)
- Elimination
- Sleep (Appropriate bedtime, bedtime ritual)
- Cognitive (Read to child)
- School Readiness



- TV/Media (Limit TV/video to 1-2 hours/day, No TV in bedroom)
- Y N N/A
- Safety (Appropriately restrained in all vehicles, Supervise all outdoor play, Guns)
- add item

**Plan**

- Select All**
- Immunizations (See Vaccine Administration Record)
  - MD Counseling for vaccines done - reviewed diseases protected by vaccines, including each component; risks and benefits; how to deal with potential side effects. VIS given.
  - Laboratory/Screening Results
  - Tylenol (160mg/5mL) dosing every 4 to 6 hours as needed
  - Ibuprofen (Motrin/Advil) (100mg/5mL) dosing every 6 to 8 hours as needed
  - Medication
  - Medication as e-prescribed



Vaccine cost discussed, VFC program enrollment offered

notes

Cultural barriers for diet and exercise discussed

notes

add item

notes

**Followup**

**Order** Next well visit

**Order** Return to office (list reason and time frame)

**Order** by Phone (list reason and time frame)

**Order** Immunization Only (indicate time frame and vaccines to be given)

**Order** Acetaminophen (Tylenol) Dosing (160mg/5mL) every 4 to 6 hours

**Order** Ibuprofen (Motrin/Advil) Dosing (Childrens 100mg/5mL) every 6 to 8 hours

**Referral**



**Navigational Anchors in 4 Yr Well - TLC**

1. Intake
2. Vitals
3. Social/Family History
4. Review of Systems
5. Safety
6. Nutrition
7. Development (If not reviewed in Previsit Questionnaire)
8. EPSDT
9. Screening
10. History
11. Physical Exam
12. Assessment
13. Diagnoses
14. Lab
15. Medical Test
16. Medical Procedures
17. Immunizations
18. Anticipatory Guidance Discussed
19. Plan
20. Follow Up
21. Referrals